



DEQ AIR QUALITY PROGRAM
 1410 N. Hilton, Boise, ID 83706
 For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
 04/03/07

Please see instructions on page 2 before filling out the form.

COMPANY NAME, FACILITY NAME, AND FACILITY ID NUMBER

1. Company Name	Acsys Inc.		
2. Facility Name	Acsys Production Facility	3. Facility ID No.	ID
4. Brief Project Description - One sentence or less	Facility to manufacture a panelized building system		

PERMIT APPLICATION TYPE

5. <input checked="" type="checkbox"/> New Facility	<input type="checkbox"/> New Source at Existing Facility	<input type="checkbox"/> Unpermitted Existing Source
<input type="checkbox"/> Modify Existing Source: Permit No.: _____ Date Issued: _____		
<input type="checkbox"/> Required by Enforcement Action: Case No.: _____		
6. <input type="checkbox"/> Minor PTC	<input type="checkbox"/> Major PTC	

FORMS INCLUDED

Included	N/A	Forms	DEQ Verify
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form GI – Facility Information	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form EU0 – Emissions Units General	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form EU1 - Industrial Engine Information Please Specify number of forms attached: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form EU2 - Nonmetallic Mineral Processing Plants Please Specify number of forms attached: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form EU3 - Spray Paint Booth Information Please Specify number of forms attached: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form EU4 - Cooling Tower Information Please Specify number of forms attached: _____	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form EU5 – Boiler Information Please Specify number of forms attached: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form HMAP – Hot Mix Asphalt Plant Please Specify number of forms attached: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form CBP - Concrete Batch Plant Please Specify number of forms attached: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form BCE - Baghouses Control Equipment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Form SCE - Scrubbers Control Equipment	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Forms EI-CP1 - EI-CP4 - Emissions Inventory– criteria pollutants (Excel workbook, all 4 worksheets)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PP – Plot Plan	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Forms MI1 – MI4 – Modeling (Excel workbook, all 4 worksheets)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form FRA – Federal Regulation Applicability	<input type="checkbox"/>

DEQ USE ONLY

Date Received

RECEIVED

JUN 03 2008

Department of Environmental Quality
 State Air Program

Project Number

Payment / Fees Included?

Yes ☐ No ☐

Check Number



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All information is required. If information is missing, the application will not be processed.

IDENTIFICATION

1. Company Name	Acsys Inc.
2. Facility Name (if different than #1)	Acsys Production Facility
3. Facility I.D. No.	ID
4. Brief Project Description:	Manufacturing facility to produce a panelized building system

FACILITY INFORMATION

5. Owned/operated by: (√ if applicable)	<input type="checkbox"/> Federal government <input type="checkbox"/> County government <input type="checkbox"/> State government <input type="checkbox"/> City government
6. Primary Facility Permit Contact Person/Title	Werner Nennecker, President
7. Telephone Number and Email Address	208-772-6422 werner@acsys.net
8. Alternate Facility Contact Person/Title	
9. Telephone Number and Email Address	
10. Address to which permit should be sent	1677 E. Miles Ave. Suite 101
11. City/State/Zip	Hayden Lake, ID 83835
12. Equipment Location Address (if different than #10)	Acsys Inc. 708 S. Clearwater Loop Suite 104
13. City/State/Zip	Post Falls, ID 83854
14. Is the Equipment Portable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. SIC Code(s) and NAISC Code	Primary SIC: 39 Secondary SIC (if any): NAICS: 32614
16. Brief Business Description and Principal Product	Pre-insulated steel and polystyrene building panels
17. Identify any adjacent or contiguous facility that this company owns and/or operates	NA

PERMIT APPLICATION TYPE

18. Specify Reason for Application	<input type="checkbox"/> New Facility <input type="checkbox"/> New Source at Existing Facility <input type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modify Existing Source: Permit No.: _____ Date Issued: _____ <input type="checkbox"/> Permit Revision <input type="checkbox"/> Required by Enforcement Action: Case No.: _____
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CERTIFICATION

IN ACCORDANCE WITH IDAPA 58.01.01.123 (RULES FOR THE CONTROL OF AIR POLLUTION IN IDAHO), I CERTIFY BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION IN THE DOCUMENT ARE TRUE, ACCURATE, AND COMPLETE.

19. Responsible Official's Name/Title		
20. RESPONSIBLE OFFICIAL SIGNATURE		Date:
21. <input type="checkbox"/> Check here to indicate you would like to review a draft permit prior to final issuance.		



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Emissions Unit - General **Form EU0**

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Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Acsys Inc.	Facility Name: Acsys Production Facility	Facility ID No: ID
Brief Project Description:		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	HURST BOILER		
2. EU ID Number:	HB-1		
3. EU Type:	<input checked="" type="checkbox"/> New Source <input type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source – Previous Permit #:		Date Issued:
4. Manufacturer:	HURST		
5. Model:	S400-80		
6. Maximum Capacity:	80 HP		
7. Date of Construction:	2007		
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NOx	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	8 HR/DAY
19. Maximum Operation	8 HR/DAY

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



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Emissions Unit - General **Form EU0**

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IDENTIFICATION

Company Name: Acsys Inc.	Facility Name: Acsys Production Facility	Facility ID No: ID
Brief Project Description:		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	PANEL MOLD		
2. EU ID Number:	PM-1		
3. EU Type:	<input checked="" type="checkbox"/> New Source <input type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source – Previous Permit #: Date Issued:		
4. Manufacturer:	KORNYLAK		
5. Model:	M-18 STACK # 3 12" DIA.		
6. Maximum Capacity:	2,000 LB/DAY TYPICAL 1,000 LB/DAY		
7. Date of Construction:	2000		
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	8 HR/DAY
19. Maximum Operation	8 HR/DAY

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



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Emissions Unit - General **Form EU0**

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IDENTIFICATION

Company Name: Acsys Inc.	Facility Name: Acsys Production Facility	Facility ID No: ID
Brief Project Description:		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	PSJ-50 EPS PRE-EXPANDER		
2. EU ID Number:	PX-1		
3. EU Type:	<input checked="" type="checkbox"/> New Source <input type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source – Previous Permit #:		Date Issued:
4. Manufacturer:	FANGYUAN PLASTICS MACHINERY		
5. Model:	PSJ-50 STACK #2 3" DIA.		
6. Maximum Capacity:	85 KG/HR		
7. Date of Construction:	2008		
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NOx	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	4 HR/DAY
19. Maximum Operation	8 HR/DAY

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



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IDENTIFICATION

Company Name: Acsys Inc.	Facility Name: Acsys Production Facility	Facility ID No: ID
Brief Project Description: Manufacturing facility to produce panelized building system		

EXEMPTION

Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.

BOILER (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS

1. Type of Request: <input checked="" type="checkbox"/> New Unit <input type="checkbox"/> Unpermitted Existing Unit <input type="checkbox"/> Modification to a Unit with Permit #:		
/ 00 <input checked="" type="checkbox"/> % Used For Process <input type="checkbox"/> % Used For Space Heat <input type="checkbox"/> % Used For Generating Electricity		
2. Use of Boiler: <input type="checkbox"/> Other:		
3. Boiler ID Number: HB-1	4. Rated Capacity: <input checked="" type="checkbox"/> 3.36 Million British Thermal Units Per Hour (MMBtu/hr) <input type="checkbox"/> 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: 2007	6. Manufacturer: Hurst	7. Model: S400-80
8. Date of Modification (if applicable):	9. Serial Number (if available): S400-150-52	10. Control Device (if any): Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS

11. Fuel Type	<input type="checkbox"/> Diesel Fuel (# gal/hr)	<input checked="" type="checkbox"/> Natural Gas (cf/hr)	<input type="checkbox"/> Coal (unit: /hr)	<input type="checkbox"/> Other Fuels (unit: /hr)
12. Full Load Consumption Rate		3,360		
13. Actual Consumption Rate		3,000		
14. Fuel Heat Content (Btu/unit, LHV)		1,000		
15. Sulfur Content wt%				
16. Ash Content wt%		N/A		

STEAM DESCRIPTION AND SPECIFICATIONS

17. Steam Heat Content	NA	NA		
18. Steam Temperature (°F)	N/A	N/A		
19. Steam Pressure (psi)	N/A	N/A		
20. Steam Type	N/A	N/A	<input type="checkbox"/> Saturated <input type="checkbox"/> Superheated	<input type="checkbox"/> Saturated <input type="checkbox"/> Superheated

OPERATING LIMITS & SCHEDULE

21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): None

22. Operating Schedule (hours/day, months/year, etc.): 8 hr/day 12 months/yr

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Company Name: **Acsys Inc.**

Facility Name:

Acsys Production Facility

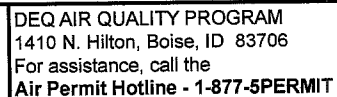
Facility ID No.:

ID

Brief Project Description: Production facility to produce panelized building system

SUMMARY OF FACILITY WIDE EMISSION RATES FOR CRITERIA POLLUTANTS - POINT SOURCES

1.		2.		3.									
		PM ₁₀		SO ₂		NO _x		CO		VOC		Le	
Emissions units	Stack ID	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	
Point Source(s)													
name of the emissions unit1	HB-1	0.03	0.20	0.00	0.01	0.30	1.32	0.25	1.11	0.02	0.07		
name of the emissions unit2	PX-1									10.33	9.92		
name of the emissions unit3	PM-1									13.82	13.26		
name of the emissions unit4													
name of the emissions unit5													
name of the emissions unit6													
name of the emissions unit7													
name of the emissions unit8													
name of the emissions unit9													
name of the emissions unit10													
name of the emissions unit11													
name of the emissions unit12													
name of the emissions unit13													
name of the emissions unit14													
name of the emissions unit15													
name of the emissions unit16													
name of the emissions unit17													
name of the emissions unit18													
name of the emissions unit19													
name of the emissions unit20													
name of the emissions unit21													
(insert more rows as needed)													
Total		0.03	0.20	0.00	0.01	0.30	1.32	0.25	1.11	24.17	23.25		



PERMIT TO CONSTRUCT APP

Please see instructions on page 2 before filling out the form.

Acsys Inc.

Acsys Production Facility

ID

Production facility to produce panelized building system
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SUMMARY OF FACILITY WIDE EMISSION RATES FOR CRITERIA POLLUTANTS - POINT SOURCES

1.		2.		3.										
				PM ₁₀		SO ₂		NO _x		CO		VOC		Le
Emissions units	Stack ID	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr
Point Source(s)														

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Company Name: **Acsys Inc.**

Facility Name:

Acsys Production Facility

Facility ID No.:

ID

Brief Project Description: Production facility to produce panelized building system

SUMMARY OF FACILITY WIDE EMISSION RATES FOR CRITERIA POLLUTANTS - POINT SOURCES

1.		2.		3.								
		PM ₁₀		SO ₂		NO _x		CO		VOC		Le
Emissions units	Stack ID	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr	T/yr	lb/hr
Point Source(s)												

Instructions for Form EI-CP1

This form is designed to provide the permit writer and air quality modeler with a summary of the criteria pollutant emissions of each emission unit/point located at the facility. This information will be used by the IDEQ to perform an air quality analysis or to review an air quality analysis submitted with the permit application or requested by the IDEQ.

Please fill in the same company name, facility name, facility ID number, and brief project description as on form CS in the boxes provided. This is useful in case any pages of the application get separated.

1. Provide the name of all emission units at the facility. This name must match names on other submittals to IDEQ and within this application.
2. Provide the identification number for the stack which the emission unit exits.
3. Provide the emission rate in pounds per hour and tons per year for all criteria pollutants emitted by this point source. In this form, emission rates for a point source are the maximum allowable emissions for both short term (pounds per hour) and long term (tons per year). These emission rates are its permitted limits (if any). Otherwise, potential to emit should be shown. Potential to emit is defined as uncontrolled emissions at maximum design or achievable capacity (whichever is higher) and year-round continuous operation (8760 hours per year) if there are no federally enforceable permit limits on the emission point. If the emission point has or will have control equipment or some other proposed permit limitation such as hours of operation or material usage, the control efficiency or proposed permit limit(s) may be used in calculating potential to emit.

NOTE: Attach a separate sheet of paper, or electronic file, to provide additional documentation on the development of the emission rates. Documentation can include emissions factors, throughput, and calculations.

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rm EI-CP1
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PUBLICATION

Revision 3

4/5/07

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T/yr

rm EI-CP1

APPLICATION

Revision 3

4/5/07

11/11/2011

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Form EI-CP1

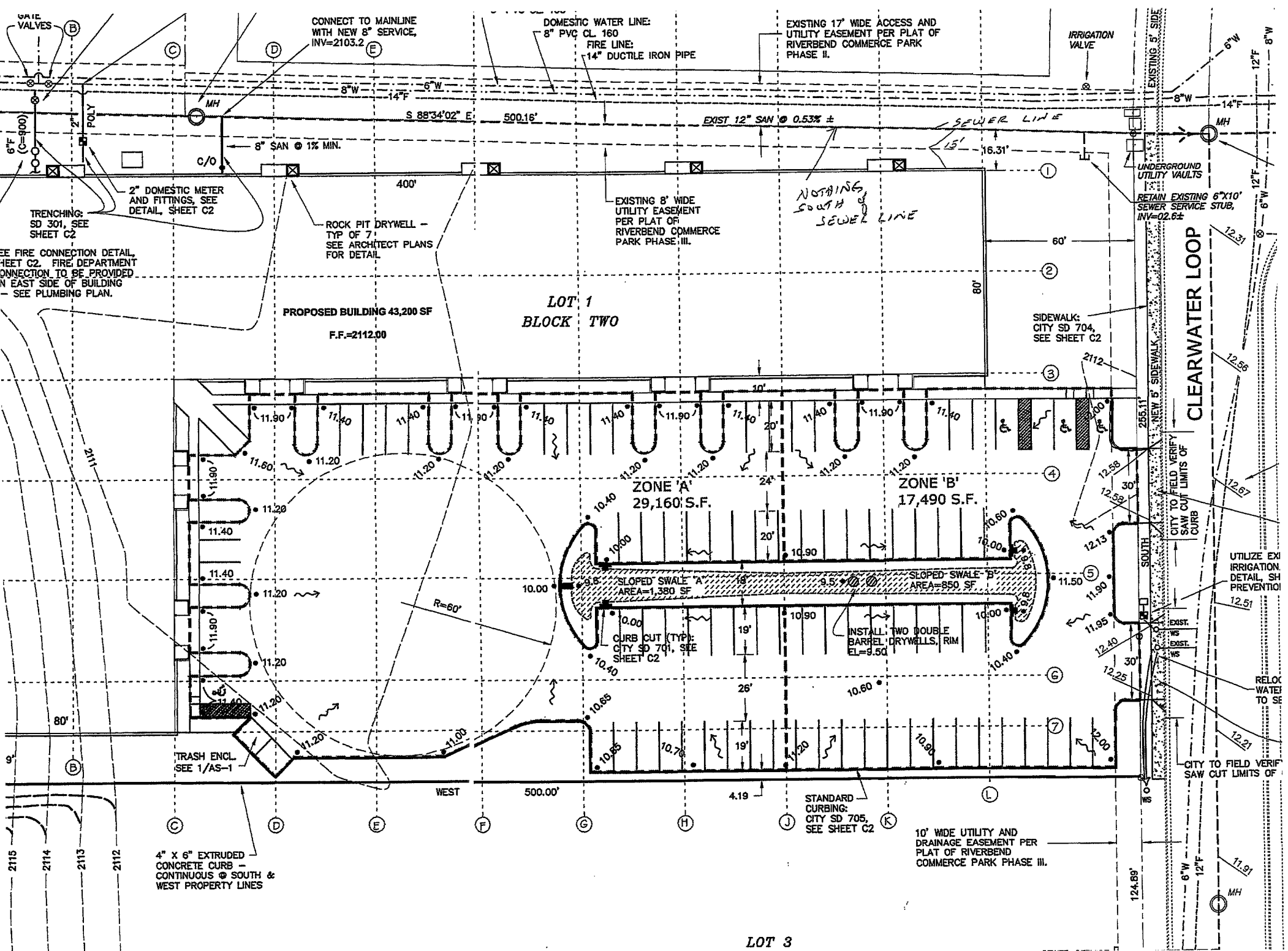
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Revision 3
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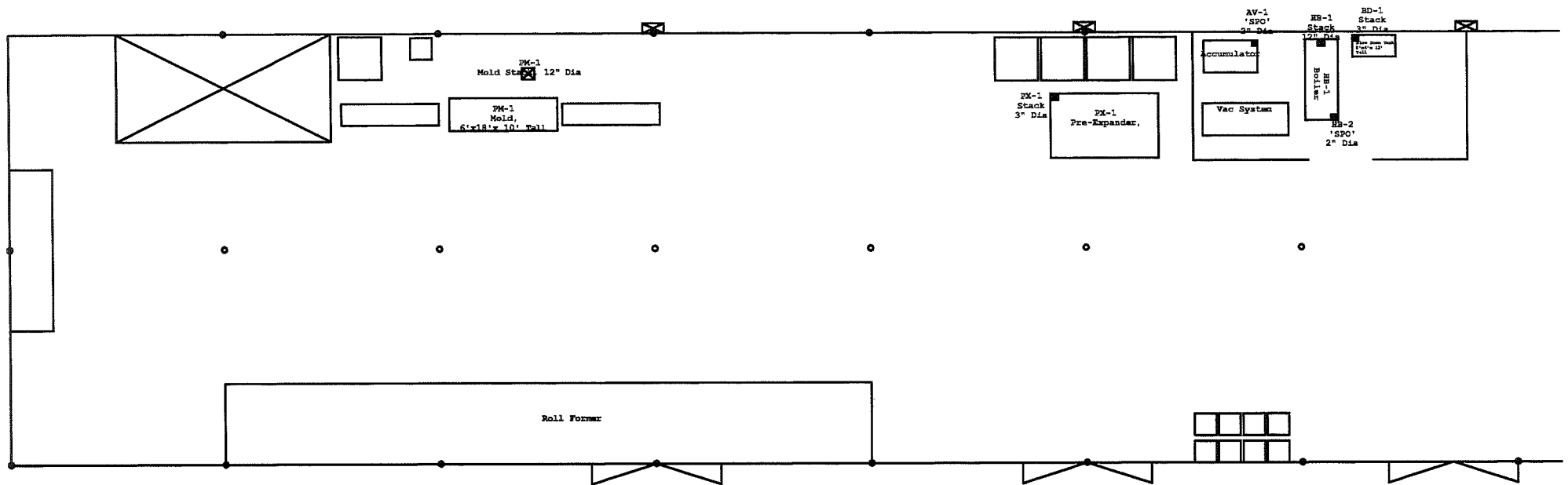
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PERMIT TO CONSTRUCT APPLICATION

Revision

4/5/0



DEQ AIR QUALITY PROGRAM
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Please see instructions on page 2 before filling out the form.

Company Name: Acsys Inc.

Facility Name:

Acsys Production Facility

Facility ID No.:

ID

Brief Project Description: Manufacturing facility for Building Panels

FUGITIVE SOURCE PARAMETERS

1.	2.	3a.	3b.	4.	5.	6.	7.	8.	9.	10.
Emissions units	Stack ID	UTM Easting (m)	UTM Northing (m)	Base Elevation (m)	Release Height (m)	Easterly Length (m)	Northerly Length (m)	Angle from North (°)	Initial Vertical Dimension (m)	Initial Horizontal Dimension (m)
Area Source(s)										
name of the emissions unit1										
name of the emissions unit2										
name of the emissions unit3										
name of the emissions unit4										
name of the emissions unit5										
name of the emissions unit6										
name of the emissions unit7										
name of the emissions unit8										
name of the emissions unit9										
name of the emissions unit10										
Volume Source(s)										
name of the emissions unit11										
name of the emissions unit12										
name of the emissions unit13										
name of the emissions unit14										
name of the emissions unit15										
name of the emissions unit16										
name of the emissions unit17										
name of the emissions unit18										
name of the emissions unit19										

(insert more rows as needed)										
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IDENTIFICATION

Company Name: Acsys Inc.	Facility Name: Acsys Production Facility	Facility ID No: ID
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Brief Project Description:

APPLICABILITY DETERMINATION

1. Will this project be subject to 1990 CAA Section 112(g)? (Case-by-Case MACT)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES*
* If YES, applicant must submit an application for a case-by-case MACT determination [IAC 567 22-1(3)"b" (8)]		
2. Will this project be subject to a New Source Performance Standard? (40 CFR part 60)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES*
*If YES, please identify sub-part: _____		
3. Will this project be subject to a MACT (<u>M</u> aximum <u>A</u> chievable <u>C</u> ontrol <u>T</u> echnology) regulation? (40 CFR part 63)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES*
*If YES, please identify sub-part: _____		
THIS ONLY APPLIES IF THE PROJECT EMITS A HAZARDOUS AIR POLLUTANT		
4. Will this project be subject to a NESHAP (<u>N</u> ational <u>E</u> mission <u>S</u> tandards for <u>H</u> azardous <u>A</u> ir <u>P</u> ollutants) regulation? (40 CFR part 61)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES*
*If YES, please identify sub-part: _____		
5. Will this project be subject to PSD (<u>P</u> revention of <u>S</u> ignificant <u>D</u> eterioration)? (40 CFR section 52.21)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
6. Was netting done for this project to avoid PSD?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES*
*If YES, please attach netting calculations		

IF YOU ARE UNSURE HOW TO ANSWER ANY OF THESE QUESTIONS, CALL THE AIR PERMIT HOTLINE AT 1-877-5PERMIT